

pipes, fittings, fixtures, solder, and flux.

S. RES. 289

At the request of Mr. BEGICH, the name of the Senator from South Dakota (Mr. THUNE) was added as a cosponsor of S. Res. 289, a resolution expressing the sense of the Senate that ambush marketing adversely affects the United States Olympic and Paralympic teams and should be discouraged.

S. RES. 299

At the request of Mr. SCHUMER, the names of the Senator from Missouri (Mr. BLUNT) and the Senator from Michigan (Mr. LEVIN) were added as cosponsors of S. Res. 299, a resolution congratulating the American Jewish Joint Distribution Committee on the celebration of its 100th anniversary and commending its significant contribution to empower and revitalize developing communities around the world.

AMENDMENT NO. 2031

At the request of Mr. INHOFE, the name of the Senator from New Hampshire (Ms. AYOTTE) was added as a cosponsor of amendment No. 2031 intended to be proposed to S. 1197, an original bill to authorize appropriations for fiscal year 2014 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 2309

At the request of Mr. TOOMEY, the name of the Senator from Ohio (Mr. PORTMAN) was added as a cosponsor of amendment No. 2309 intended to be proposed to S. 1197, an original bill to authorize appropriations for fiscal year 2014 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 2400

At the request of Mrs. FEINSTEIN, the name of the Senator from Kansas (Mr. ROBERTS) was added as a cosponsor of amendment No. 2400 intended to be proposed to S. 1197, an original bill to authorize appropriations for fiscal year 2014 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mrs. FISCHER (for herself and Mr. MANCHIN):

S. 1792. A bill to close out expired, empty grant accounts; to the Committee on Homeland Security and Governmental Affairs.

Mrs. FISCHER. Mr. President, I rise today to introduce the Grants Oversight and New Efficiency Act or the

GONE Act. This legislation would require federal agencies to close out expired grant accounts with an empty balance.

“U.S. government spends \$890,000 on nothing”—it sounds like a bad joke, but it is no laughing matter. The Washington Post recently reported, “This year, the government will spend at least \$890,000 on service fees for bank accounts that are empty. At last count, Uncle Sam has 13,712 such accounts with a balance of zero.”

According to an official government report, the Government Accountability Office, GAO, reported last year that the Payment Management System, the largest civilian payment system for grants managed by the Department of Health and Services, was charged \$173,000 to maintain the Department of Health and Human Services’ 28,000 expired grant accounts with a zero balance. Furthermore, the GAO estimates that if federal agencies were billed for the entire year, maintaining expired grant accounts with a zero balance for the entire year would cost \$2 million in fees.

To tackle this problem, I am introducing the GONE Act, a bill with a commonsense goal: to increase accountability. My legislation would require the Council of the Inspectors General on Integrity and Efficiency to submit a report to Congress and the agency head including a list of each expired, empty grant account held by the Federal Government, recommend which grant accounts should be immediately closed, and for those grant accounts that have been expired for more than 90 days, to explain why it has not been closed out. It would also require the agency head to close out the expired, empty grant accounts and to update the Council on whether the grant accounts were closed. Additionally, the bill would require the Council to submit a follow-up report to Congress and the committees of jurisdiction on the status of grant accounts identified for closure.

While the fees currently spent on expired grant accounts may seem like a drop in the bucket, it nonetheless proves there is plenty of fat to trim. At a time when our country faces serious fiscal challenges and a soaring \$17 trillion national debt, these fiscal blunders are more than foolish—they are dangerously irresponsible. This example of government waste underscores the critical importance of proper congressional oversight of federal agencies and their funding.

I hope my colleagues on both sides of the aisle will join me in supporting this simple, commonsense legislation to cut wasteful spending and help bring greater accountability to Washington.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 314—COMMEMORATING AND SUPPORTING THE GOALS OF WORLD AIDS DAY

Mr. COONS (for himself and Mr. ISAKSON) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 314

Whereas an estimated 35,000,000 people are living with HIV/AIDS in 2013;

Whereas Target 6a of the United Nations Millennium Development Goals is to halt and begin to reverse the spread of HIV/AIDS by 2015;

Whereas the 2001 United Nations Declaration of Commitment on HIV/AIDS Global mobilized global attention and commitment to the HIV/AIDS epidemic and set out a series of national targets and global actions to reverse the epidemic;

Whereas the 2011 United Nations Political Declaration on HIV and AIDS provided an updated framework for intensified efforts to eliminate HIV and AIDS, including redoubling efforts to achieve by 2015 universal access to HIV prevention, treatment, care, and support, and to eliminate gender inequalities and gender-based abuse and violence and increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection;

Whereas the Global Fund to Fight AIDS, Tuberculosis and Malaria was launched in 2002 and, as of November 2013, supported programs in more than 140 countries that provided antiretroviral therapy to 6,100,000 people living with HIV/AIDS and antiretrovirals to 2,100,000 pregnant women to prevent transmission of HIV/AIDS to their babies;

Whereas the United States is the largest donor to the Global Fund to Fight AIDS, Tuberculosis and Malaria;

Whereas, for every dollar contributed to the Global Fund to Fight AIDS, Tuberculosis and Malaria by the United States, an additional \$2 is leveraged from other donors;

Whereas the United States hosted the Global Fund’s Fourth Voluntary Replenishment Conference on December 2-3, 2013;

Whereas the United States President’s Emergency Plan for AIDS Relief (PEPFAR), introduced by President George W. Bush in 2003, remains the largest commitment in history by any nation to combat a single disease;

Whereas, as of the end of September 2012, PEPFAR supported treatment for 5,100,000 people, up from 1,700,000 in 2008, and in 2012, PEPFAR supported provision of antiretroviral drugs to 750,000 pregnant women living with HIV to prevent the transmission of HIV from mother to baby during birth;

Whereas PEPFAR directly supported HIV testing and counseling for more than 46,500,000 people in fiscal year 2012;

Whereas considerable progress has been made in the fight against HIV/AIDS, with total new HIV infections estimated at 2,300,000 in 2012, a 33 percent reduction since 2001; new HIV infections among children reduced to 260,000 in 2012, a reduction of 52 percent since 2001; and AIDS-related deaths reduced to 1,600,000 in 2012, a 30 percent reduction since 2005;

Whereas increased access to anti-retroviral drugs is the major contributor to the reduction in deaths from HIV/AIDS, and HIV treatment reinforces prevention because it reduces, by up to 96 percent, the chance the virus can be spread;

Whereas the World Health Organization (WHO) has revised its guidelines for determining whether HIV positive individuals are eligible for treatment, thereby increasing the number of individuals eligible for treatment from about 15,000,000 to 28,000,000;

Whereas 9,700,000 people in low- and middle-income countries had access to antiretroviral therapy by the end of 2012, an increase of nearly 20 percent in a year;

Whereas an estimated 50 percent of those living with HIV do not know their status, according to a 2012 UNAIDS report;

Whereas sub-Saharan Africa remains the epicenter of the epidemic, accounting for 1,200,000 of the 1,600,000 deaths from HIV/AIDS;

Whereas stigma, gender inequality, and lack of respect for the rights of HIV positive individuals remain significant barriers to access to services for those most at risk of HIV infection;

Whereas President Barack Obama voiced commitment to realizing the promise of an AIDS-free generation and his belief that the goal was within reach in his February 2013 State of the Union address;

Whereas the international community is united in pursuit of achieving the goal of an AIDS-free generation by 2015;

Whereas international donor funding has held steady since 2008 and countries affected by the epidemic are increasingly taking responsibility for funding and sustaining programs in their countries, currently accounting for approximately 53 percent of global HIV/AIDS resources;

Whereas December 1 of each year is internationally recognized as World AIDS Day; and

Whereas, in 2013, World AIDS Day commemorations focused on: “[g]etting to zero: zero new HIV infections, zero discrimination, zero AIDS-related deaths”: Now, therefore, be it

Resolved, That the Senate—

(1) supports the goals and ideals of World AIDS Day, including getting to zero through zero new HIV infections, zero discrimination, and zero AIDS-related deaths;

(2) applauds the goals and approaches for achieving an AIDS-free generation set forth in the PEPFAR Blueprint: Creating an AIDS-free Generation, as well as the targets set by United Nations member states in the 2011 United Nations Political Declaration on HIV and AIDS;

(3) commends the dramatic progress in global AIDS programs supported through the efforts of PEPFAR, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and UNAIDS;

(4) urges, in order to ensure that an AIDS-free generation is within reach, rapid action towards—

(A) full implementation of the Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive to build on progress made to date; and

(B) further expansion and scale-up of antiretroviral treatment programs, including efforts to reduce disparities and improve access for children to life-saving medications;

(5) calls for scaling up treatment to reach all individuals eligible for treatment under WHO guidelines;

(6) calls for greater focus on HIV/AIDS vulnerabilities of women and girls, including more directed efforts to ensure that they are connected to the information, care, and treatment they require;

(7) supports efforts to ensure inclusive access to programs and human rights protections for all those most at risk of HIV/AIDS and hardest to reach;

(8) encourages additional private-public partnerships to research and develop better and more affordable tools for the diagnosis, treatment, vaccination, and cure of HIV;

(9) supports continued leadership by the United States in bilateral, multilateral, and private sector efforts to fight HIV;

(10) encourages and supports greater degrees of ownership and shared responsibility by developing countries in order to ensure sustainability of their domestic responses; and

(11) encourages other members of the international community to sustain and scale up their support for and financial contributions to efforts around the world to combat HIV/AIDS.

SENATE RESOLUTION 315—TO AUTHORIZE THE PRODUCTION OF RECORDS BY THE COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

Mr. REID of Nevada (for himself and Mr. McCONNELL) submitted the following resolution; which was considered and agreed to:

S. RES. 315

Whereas, the Committee on Homeland Security and Governmental Affairs conducted a review of disability claims adjudications made in the Social Security Administration's Huntington, West Virginia Office of Disability Adjudication and Review;

Whereas, the Committee has received a request from a federal agency for access to records of the Committee's review;

Whereas, by the privileges of the Senate of the United States and Rule XI of the Standing Rules of the Senate, no evidence under the control or in the possession of the Senate can, by administrative or judicial process, be taken from such control or possession but by permission of the Senate;

Whereas, when it appears that evidence under the control or in the possession of the Senate is needed for the promotion of justice, the Senate will take such action as will promote the ends of justice consistent with the privileges of the Senate: Now, therefore, be it

Resolved, That the Chairman and Ranking Minority Member of the Committee on Homeland Security and Governmental Affairs, acting jointly, are authorized to provide to law enforcement officials, regulatory agencies, and other entities or individuals duly authorized by federal or state governments, records of the Committee's review of the disability claims adjudications made in the Social Security Administration's Huntington, West Virginia Office of Disability Adjudication and Review.

SENATE RESOLUTION 316—SUPPORTING THE GOALS AND IDEALS OF AMERICAN DIABETES MONTH

Mrs. SHAHEEN (for herself and Ms. COLLINS) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 316

Whereas according to the Centers for Disease Control and Prevention (referred to in this preamble as the “CDC”), nearly 28,000,000 individuals in the United States have diabetes and an estimated 79,000,000 individuals aged 20 years or older in the United States have prediabetes;

Whereas diabetes is a serious chronic condition that affects individuals of every age, race, ethnicity, and income level;

Whereas the CDC reports that Hispanic, African, Asian, and Native Americans are disproportionately affected by diabetes and suffer from the disease at rates that are much higher than the general population of the United States;

Whereas according to the CDC, an individual aged 20 years or older is diagnosed with diabetes every 17 seconds;

Whereas approximately 5,205 individuals aged 20 years and older in the United States are diagnosed with diabetes each day;

Whereas the CDC estimates that approximately 1,900,000 individuals in the United States aged 20 years and older were newly diagnosed with diabetes in 2010;

Whereas a joint National Institutes of Health and CDC study found that each year between 2002 and 2005, approximately 15,600 youth were diagnosed with type 1 diabetes and approximately 3,600 youth were diagnosed with type 2 diabetes in the United States;

Whereas according to the CDC, the prevalence of diabetes in the United States increased by more than 300 percent between 1980 and 2010;

Whereas the CDC reports that more than 27 percent of individuals with diabetes in the United States have not been diagnosed with the disease;

Whereas more than 11 percent of adults and 26.9 percent of individuals age 65 and older in the United States have diabetes;

Whereas as many as 1 in 3 adults in the United States will have diabetes in 2050 if the present trend continues;

Whereas after accounting for the difference of the average age of each population, data surveying individuals age 20 years and older in the United States between 2007 and 2009 indicate that 7.1 percent of non-Hispanic whites, 12.6 percent of non-Hispanic blacks, 11.8 percent of Hispanics, and 8.4 percent of Asian Americans suffered from diagnosed diabetes;

Whereas after accounting for the difference of the average age of each population, data surveying Hispanic individuals age 20 years and older in the United States between 2007 and 2009 indicate that 7.6 percent of individuals of Cuban, Central American, and South American descent, 13.3 percent of individuals of Mexican descent, and 13.8 percent of individuals of Puerto Rican descent suffered from diagnosed diabetes;

Whereas according to the American Diabetes Association, the United States spent an estimated \$245,000,000,000 on cases of diagnosed diabetes in 2012;

Whereas the American Diabetes Association reports that 20 percent of the money that the United States spent on health care in 2012 went towards caring for individuals with diabetes;

Whereas a Mathematica Policy Research study found that total expenditures for individuals with diabetes receiving benefits under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) in fiscal year 2005 comprised 32.7 percent of the budget for such program in such fiscal year;

Whereas according to the CDC, in 2007, diabetes was the seventh leading cause of death in the United States, contributing to the death of more than 230,000 individuals in the United States that year;

Whereas a cure for diabetes does not exist as of November 2013;

Whereas there are successful means to reduce the incidence of and delay the onset of type 2 diabetes;

Whereas with proper management and treatment, individuals with diabetes live healthy, productive lives; and